

ISSUE SLIP STAPLE AREA (For additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | AS | | 11/29/89 |
| O.I.P.E. CLASSIFIER | | 12 | 12/2 |
| FORMALITY REVIEW | YC | 70017 | 1-13-00 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| 1 | | ✓ | 11/29/89 |
| 2 | | ✓ | 11/29/89 |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here